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## BIB DATA SHEET

CONFIRMATION NO. 3286

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.		
10/749,119	12/30/2003	424	1633 286	336.152US1/NOR-013CP2		
<b>RULE</b>						
<b>APPLICANTS</b> Richard L. Boyd, Hampton, AUSTRALIA; <b>** CONTINUING DATA *****</b> This application is a CIP of 10/399,213 02/13/2004 ABN which is a 371 of PCT/AU01/01291 10/15/2001 This application 10/749,119 12/30/2003 claims benefit of 60/527,001 12/05/2003 and is a CIP of 10/419,039 04/18/2003 ABN which is a CIP of 09/976,596 10/12/2001 ABN which is a CIP of 09/965,462 09/26/2001 ABN which is a CIP of 09/755,646 01/05/2001 ABN which is a CIP of 09/795,286 10/13/2000 ABN which is a CIP of PCT/AU00/00329 07/14/2000 and said 09/755,646 01/05/2001 is a CIP of 09/795,302 10/13/2000 ABN which is a CIP of PCT/AU00/00329 04/17/2000 <b>** FOREIGN APPLICATIONS *****</b> AUSTRALIA PP9778 04/15/1999 AUSTRALIA PR0745 10/13/2000 AUSTRALIA PCT/AU00/00329 04/17/2000 AUSTRALIA PCT/AU01/01291 10/15/2001 <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY **</b> 04/29/2004						
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Verified and Acknowledged /Q. JANICE LI/ Examiner's Signature		<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> AUSTRALIA	<b>SHEETS DRAWINGS</b> 49	<b>TOTAL CLAIMS</b> 51	<b>INDEPENDENT CLAIMS</b> 10
<b>ADDRESS</b> WILMERHALE/BOSTON 60 STATE STREET BOSTON, MA 02109 UNITED STATES						
<b>TITLE</b> Graft acceptance through manipulation of thymic regeneration						
<b>FILING FEE RECEIVED</b> 1202	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:			<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)		

		<input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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